

**STATE OF MICHIGAN  
PROBATE COURT  
COUNTY OF**

**SCHEDULE OF DISTRIBUTIONS AND  
PAYMENT OF CLAIMS**

**FILE NO.**

Estate of \_\_\_\_\_

1. I, \_\_\_\_\_, am the personal representative.  
Name

☐ 2. The following properly presented claims have not been paid, settled, or disposed of. If approved by the court, these claims will be paid.

CREDITOR (Name and Address)	AMOUNT OF DEBT	AMOUNT TO BE PAID
	\$	\$
	\$	\$
	\$	\$
	\$	\$

☐ 3. Distributions to the following devisees/heirs have been made:

ASSET	DOLLAR AMOUNT OR VALUE	DATE OF DISTRIBUTION	NAME OF RECIPIENT
	\$		
	\$		
	\$		
	\$		

☐ 4. The following fees and costs will be paid before final distribution:

Attorney \$ \_\_\_\_\_ Personal Representative \$ \_\_\_\_\_

☐ 5. If approved by the court, the remaining estate will be distributed to the following devisees/heirs in the following amounts:

ASSET	DOLLAR AMOUNT OR VALUE	NAME OF RECIPIENT
	\$	
	\$	
	\$	

\_\_\_\_\_  
Date

\_\_\_\_\_  
Attorney signature

\_\_\_\_\_  
Petitioner signature

\_\_\_\_\_  
Attorney name (type or print) Bar no.

\_\_\_\_\_  
Petitioner name (type or print)

\_\_\_\_\_  
Address

\_\_\_\_\_  
Address

\_\_\_\_\_  
City, state, zip Telephone no.

\_\_\_\_\_  
City, state, zip Telephone no.